

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

RECEIVED

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
NM-78341

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Rugged Federal

9. API Well No. 1

10. Field and Pool, or Exploratory Area

W. Pecos Slope Abo

11. County or Parish, State

Chaves, NM

SUNDRY NOTICES AND REPORTS ON WELLS MAY - 2 1991

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.

O. C. D.
ARTESIA, OFFICE

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

McKay Oil Corporation

3. Address and Telephone No.

P.O. Box 2014, Roswell, NM 88202 505-623-4735

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1,770'FWL-660'FNL, Sec. 23-T-5S, R-21E

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other variance
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

We are requesting a variance from Onshore #2 III-A-2ii. The blowout preventer that we propose to use is equipment commonly used with the smaller rigs which will be used to drill the proposed well. This BOP is sufficient to control the pressures encountered in the ABO formation. The Abo formation is an extremely tight formation which has limited formation pressures until frac.



14. I hereby certify that the foregoing is true and correct

Signed [Signature]

Title Agent

Date 4-18-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

SECRET
JAN 1 1961
O.C.D.
ATTN: CHIEF

